

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54055334



04132004 Chg-P CR2E034 (10/03)

DOCUMENT # P97000086337			
1. Entity Name COME CLEAN WINDOWS, INC.			
Principal Place of Business 7800 RED ROAD SUITE 219 D S. MIAMI, FL 33143 US		Mailing Address 7800 RED ROAD SUITE 219 D S. MIAMI, FL 33143 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0788600		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KINGSLEY, DENISE 7800 RED ROAD SUITE 219 D S MIAMI, FL 33143		Name <u>Denise Kingsley</u> Street Address (P.O. Box Number is Not Acceptable) <u>7800 RED ROAD - SUITE 219 D</u> City <u>MIAMI</u> FL <u>33143</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <u>Denise Kingsley</u>		DATE: <u>4-22-04</u>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KINGSLEY, BILL 7800 RED RD STE 219 D MIAMI, FL 33143 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE - PRESIDENT PIERRE PERRAULT 7800 RED ROAD - SUITE 219 D MIAMI, FL 33143 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINGSLEY, DENISE 7800 RED RD STE 219 D MIAMI, FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOUGLAS W. ROSS 7800 RED ROAD - SUITE 219 D MIAMI, FL 33143 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER KINGSLEY, BILL 7800 RED ROAD MIAMI, FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Denise Kingsley</u>		DATE: <u>4-22-04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	